The Guide to Quality Measures: A Compendium

Medicaid and SCHIP Quality Improvement

Volume 1.0

Compiled by the
Division of Quality, Evaluation and Health Outcomes

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About this Compendium

This compendium of performance measures contains quality measures in broad categories to support States' programmatic needs in the areas of quality-based purchasing or pay-for-performance, public reporting, quality improvement, service delivery, benchmarking and program/plan monitoring. It is a resource from which States may choose from among the listed measures to fulfill its performance measurement needs. The compendium consists of measures supported by rigorous clinical evidence and widely accepted clinical practices and standards. They have been tested and implemented in relevant settings and shown to be reliable and valid. Measure listings are arranged by health condition and provide information about endorsement and measure use—whether for quality improvement or accountability purposes such as public reporting.

The Centers for Medicare & Medicaid Services (CMS) encourages the use of nationally recognized, tested and vetted quality measures in State quality improvement activities where applicable. Use of existing, tested and validated quality measures can help to enhance data quality, as measures advanced through national consensus have usually been developed through an evidenced based process and tested under a variety of conditions. They are revised on several occasions to collect the most precise information possible. Use of measures such as these often help to preserve resources as the development of quality measures is a resource intensive processes for which States often do not have the additional capacity. Administrative costs and duplication of efforts can also be reduced for providers as they attempt to collect information for multiple payors using slightly different specifications for each one.

Additionally, measure selection from an existing measure set, provides the opportunity for benchmarking against regional, State and national rates. Lastly, use of standardized quality measures may help to mitigate resistance from provider communities and other stakeholders—as usually they have been involved in the development process, methodologies are transparent and reliability and validity have been documented. States can maintain flexibility in which measures they choose to focus upon by considering its unique circumstances and populations and focusing quality improvement efforts on areas of highest priority.

In order for nationally recognized measures to be useful for Medicaid and State Children's Health Insurance Program (SCHIP) programs, CMS also encourages States to participate in the measures development and consensus process. Opportunities exist to join such national consensus setting bodies as discussed later in the compendium.

As States assess current infrastructure capabilities, consideration should be made to develop complete and timely data collection in addition to the minimum requirements of the Medicaid Management Information Systems (MMIS). States may consider

additional State resources and accessible databases that may be tapped to support performance measurement efforts. Accessibility of data may vary depending on the delivery system in the State—managed care organizations may provide ready access for certain measures, as managed care organizations collect certain types of information for internal purposes; while fee-for-service, may require data extraction from the MMIS or other State databases. Commitment to supporting the infrastructure, gives States the opportunity to develop a sound performance measurement strategy.

Measurement of quality provides a basis for a number of improvement initiatives. Implementation of a State performance measurement approach, presents States with the opportunity to hold providers accountable for the care delivered to its Medicaid and SCHIP beneficiaries. It also provides the opportunity to develop and initiate quality improvement activities such as statewide collaboratives for improving select aspects of care and provider education. As part of their quality improvement strategy, some States provide quality information to the public on health care providers; holding providers accountable and providing useful and potentially actionable information to the public.

Background

As health care costs continue in an inflationary trend, coupled with changes in the economy and population demographics, health care quality has garnered increased attention in both the public and private sectors. The Institute of Medicine (IOM) report, *Crossing the Quality Chasm* of 2001, highlighted the variation in quality that exists in the American health care system. Increasingly data reveals that patients do not consistently receive care that is appropriate, timely or evidenced-based, leading to adverse outcomes. The report indicated that contributors to the quality crisis results from the increasingly complex nature of health care delivery; increases in chronic conditions; advances in the science and technology and information technology usage. Although advances in medical science have contributed tremendous accomplishments to health care, these factors too often result in service over-utilization, underutilization and other errors, thereby presenting opportunities for quality improvement.

Noting the variation in care, quality improvement initiatives aimed at highlighting quality and directing purchaser and consumer decision making flourish. A number of public and private organizations publicly report performance information on quality across the health care delivery system. Increasingly, pay for performance systems are gaining popularity as purchasers seek ways to drive meaningful improvements in quality.

Central to this focus on quality is a method for quantifying "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (IOM, 2001).

Quality or performance measures are critical to assessing improvements in quality and providing information to consumers, purchasers, clinicians, researchers and policy officials for health care decisions. Quality measures assess the performance of the health care system from the individual provider or group level, to the facility level and health plan.

There are different ways of looking at quality measures with implications for collection and analysis. Measures are often categorized as one of three types – outcome, process and structure. Outcome measures describe the health impact from contact with the health care system—the result of care. The percentage of patients receiving care in the intensive care unit (ICU) that develop a central-line related blood stream infection is one example of outcome measure. While process measures assess whether care provided to, on behalf of, or by a patient are appropriately based on scientific evidence of efficacy or effectiveness. Process measures are often related to standards of care whereby 100 percent performance as appropriate would be the target. Administration of an antibiotic one hour prior to surgery is considered a process measure. The structure domain gauges the existence of particular features of the health system that facilitate the provision of high quality health care. A measure for the existence and implementation of computerized order entry system is considered a structure measure. Efficiency measures are emerging indicators of the value component of health care delivery. Measures of efficiency are defined as the "relative level of resource consumption, and associated costs, in the production of health care services" (Bridges to Excellence and The Leapfrog Group, 2004). The per member per month (PMPM) costs are one example of efficiency measurement of health plans.

Performance measurement is an evolving science in which a number of organizations have become key participants. The organizations share the goal of reducing duplication and administrative burden developing reliable and valid measures that engender the confidence of providers, policy makers, purchasers and patients (and/or beneficiaries).

CMS – Centers for Medicare & Medicaid Services

CMS has taken the lead in quality measurement and public reporting working closely with measure development and consensus organizations to align various measures and reduce overall burden in data collection and reporting. Among the organizations with which CMS partners are the American Medical Association (AMA), the AQA, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Hospital Quality Alliance (HQA), National Committee for Quality Assurance (NCQA), the National Quality Forum (NQF), medical specialty societies, and government agencies such as the Agency for Healthcare Research and Quality (AHRQ) and the Veterans Health Administration (VHA). Recently, CMS aligned its measures to similar JCAHO measures to reduce provider burden and confusion in the marketplace.

Other organizations are interested in partnering to support efforts to increase the availability of performance measures for underrepresented domains and populations. Specifically organizations are interested in partnering with CMS to establish a national agenda for the development of pediatric measures. The National Association of Children's Hospitals and Related Institutions (NACHRI), the National Initiative for Children's Healthcare Quality (NICHQ) and the American Academy of Pediatrics (AAP) have approached CMS to expand the selection of measures relevant for pediatric populations.

AHRQ - Agency of Healthcare Research and Quality

The Agency of Healthcare Research and Quality (AHRQ) developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey; originally a tool to assess and report satisfaction of enrollees with health plans, it has evolved into a suite of satisfaction tools across care settings. In addition to the health plan survey, satisfaction tools are available for the hospital, behavioral health care services, in-center hemodialysis, and nursing home settings. A nursing home satisfaction tool is currently under development to determine and report patient satisfaction with nursing home quality. The Quality Indicators (QIs) were also developed by AHRQ; these measures use readily available administrative data for measurement of various aspects of quality—prevention, inpatient care, pediatric inpatient care and patient safety.

AMA - American Medical Association

The Physician Consortium for Performance Improvement (PCPI) is a workgroup of interdisciplinary specialist of the American Medical Association involved in performance measure development. The group supports and advances measure sets that facilitate clinical performance improvement among physicians for a number of select conditions. Measures are available for conditions such as bone conditions, diabetes, hypertension and mental health.

AQA Alliance

Collaborative organizations perform an important role in consensus building across multiple stakeholder organizations. Such organizations bring together stakeholders on particular domains of health care. For example, the AQA alliance (formerly the Ambulatory Quality Care Alliance) convenes a national coalition of more than 125 organizations to improve health care quality through a process in which stakeholders agree on a performance measurement strategy for physician level reporting. Through this effort a starter set of 26 measures relevant to the ambulatory care setting were endorsed meeting the group's criteria for clinical importance, physician accountability, feasibility and consumer and purchaser relevance.

HQA - Hospital Quality Alliance

The Hospital Quality Alliance established the measures used on CMS' Hospital Compare website which measures hospital's clinical performance on select adult health conditions. It is a public private partnership lead by the American Hospital Association (AHA), the American Association of Medical Colleges (AAMC) and the Federation of American Hospitals (FAH) in collaboration with CMS, AHRQ and other provider and consumer organizations. The goal of the HQA is to drive performance improvement in hospitals by publicly reporting quality data, meanwhile, providing information to consumers and purchasers, and support standardization of data and data collection in performance improvement.

JCAHO - Joint Commission on the Accreditation of Healthcare Organizations

As a healthcare organization accreditation entity, The Joint Commission on the Accreditation of Healthcare Organizations engages in a number of performance improvement activities. In 1995, JCAHO developed its performance improvement measurement system –ORYX, and invited other stakeholders to collaborate in its initiative. Focused on research and development it established an infrastructure for which data may be submitted, validated, analyzed and reported. JCAHO has been instrumental in the Hospital Quality Alliance (formerly the National Hospital Voluntary Reporting Initiative)—a joint effort with Centers for Medicare and Medicaid Services (CMS), JCAHO, the American Hospital Association, the Federation of American Hospitals and the Association of American Medical Colleges whereby hospitals voluntarily report on quality measures sets.

NCQA - National Committee for Quality Assurance

The Health Plan Employer Information Data Set (HEDIS®) measures developed by the National Committee for Quality Assurance is one of the oldest efforts in standardized quality measurement and reporting. It is a standardized measure tool that specifies how health plans collect, audit and report on their performance in health areas ranging from breast cancer screening, to helping patients control their cholesterol to enrollee satisfaction (HEDIS, 2006). Comparative reports of plans are provided to purchasers, consumers and other constituents for health plan related choices.

NQF - National Quality Forum

Measure sets endorsed by quality alliances or other measure developing organizations are typically submitted to the National Quality Forum (NQF) for national endorsement. A recommendation of the 1998 President's Advisory Commission on

Consumer Protection and Quality in the Health Care Industry was the origin of the NQF, formed in 1999 “to improve American healthcare through endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient” (NQF, 2006).

The President’s Advisory Commission proposed that the private, non-profit forum comport with government standards for transparency and accountability. Thus, the NQF follows a formalized Consensus Development Process based on guidelines of the National Technology and Transfer Advancement Act of 1995 (NTTAA) and the Office of Budget and Management Circular A-119, whereby standard setting government entities use a voluntary consensus approach—meeting guidelines relative to balanced representation, due process and appeals procedures (JAMA, 2001). Its membership consists of stakeholders—employer groups, purchasers, consumer advocacy groups and health plans among others. The NQF reviews the scientific soundness, validity and reliability of submitted quality measures. Measures endorsed by the NQF meet special legal standing, therefore, if the federal government establishes standards for a given area, it is required to use the voluntary consensus standards except where the law would otherwise take precedence (NQF, 2006).

Numerous other organizations, representing different constituents have tasked their organizations to develop quality measures to assess various components of the health care continuum. Each often carries its own specifications, data sets, reporting requirements, and collection mechanisms—increasing the burden on providers. The need for consistency in performance measurement is becoming more evident as the demand for data increases.

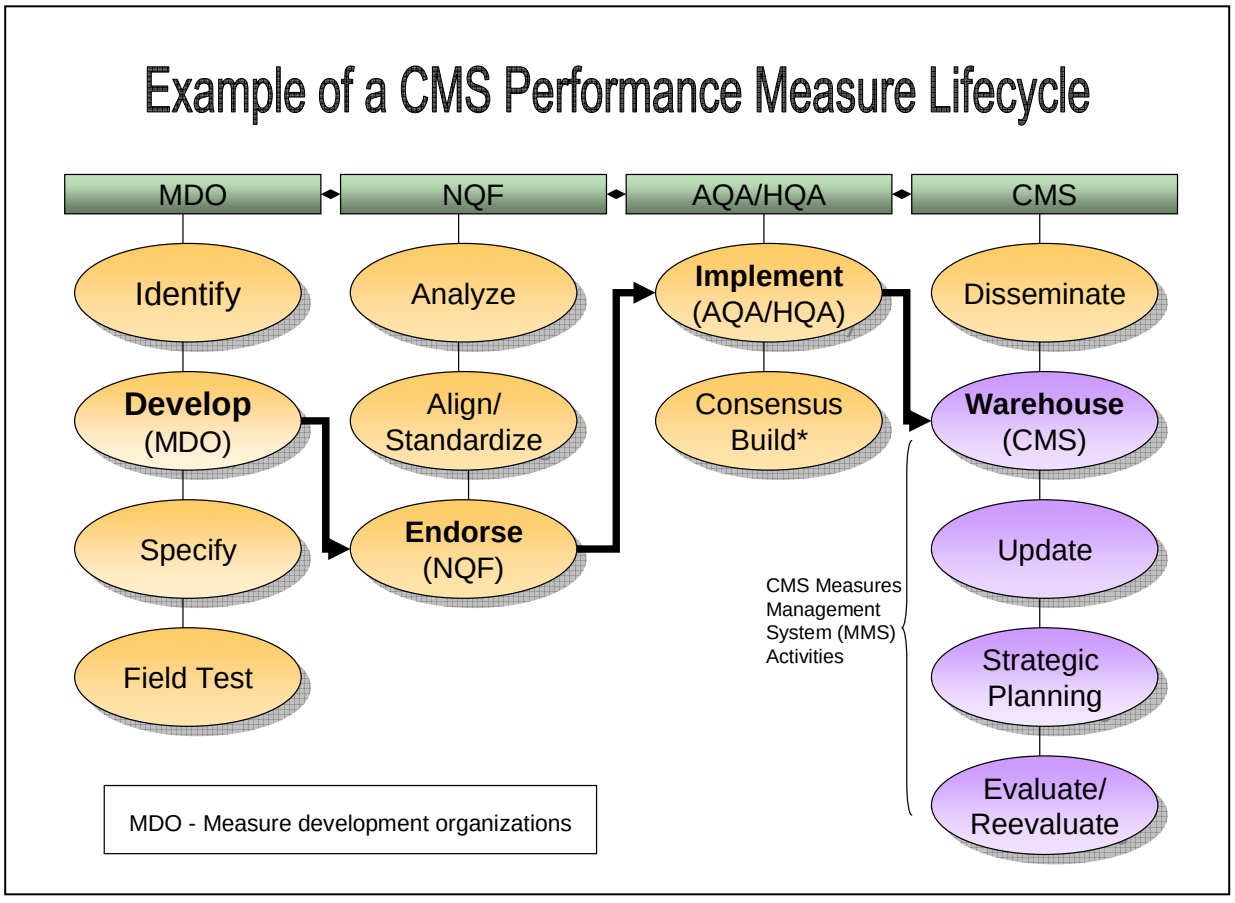
Measure Development

Physician specialty groups, government agencies, large health insurers and other stakeholders form collaborative alliances to define strategies to facilitate performance measurement development for particular settings, conditions or patient populations. These organizations aggregate measures, build consensus around measure topics, specifications, data collection mechanisms, implementation and auditing. Where similar measures duplicate measurement of particular domains or conditions, an alignment processes may occur among development organizations to standardize the specifications. The development process generally takes between eight and ten months.

Measure developing organizations such as the ones listed herein develop measures by first determining the clinical area to focus improvement efforts –whether to meet a particular clinical need or constituent interest. Literature searches and analyses of evidenced based guidelines are conducted—such evidenced based clinical practice guidelines provide the underpinning of a measure. If possible evidence-based

guidelines must be translated to a measurable indicator based on such factors as the availability of supporting clinical documentation and other widely collected data from which technical specifications may be made. Drafting specifications consists of the identification of the corresponding ICD-9 codes, DRGs and other patient level data related to the topic to be measured and its source– claims, medical record or survey, and relevant time periods. Technical expert panels involved in the measurement development process include statistical experts, clinical experts, and administrative and policy officials. The implementation phase of the development process includes testing, validation, quality control and feedback to ensure that measures demonstrate improvements in quality. Through the feedback mechanism valuable input may be provided to improve the measure. A typical CMS measure development cycle is illustrated in Figure 1.

Figure 1



Data for quality measures often rely on administrative sources. Administrative data is relatively easy and inexpensive to obtain and manipulate and are collected primarily for purposes related to claims and billing. Other measures rely on data extracted from the medical record. Data abstraction involves the manual or electronic review and mining of key elements relevant to clinical care. The data abstracted from medication orders, flow sheets, records and test results form the basis of measurement.

Using the Compendium

The Performance Measurement Assessment Compendium contains measures from nationally recognized organizations many developed through quality alliances. The compendium contains measures in broad categories to support a range of programmatic needs in the arena of quality. Use of existing, tested and validated quality measures allows States to focus their quality improvement efforts.

The compendium is arranged (and if accessed electronically on the CMS website searchable/sortable) by category such as obstetrics, satisfaction, access or end stage renal disease. Each measure includes a measure name, description of the measure, measure setting and applicable population. The measure source column provides the name of the organization(s) that developed the measure. Measure type, indicates the class of measure—i.e. process or outcome. Data source provides the relevant patient level source for computation of the given quality measure. The NQF endorsement column provides information about whether the measure has been endorsed through the NQF process. The *"QI/A"* column provides users, where indicated, of the developers' recommended usage or appropriateness. Measures developed for quality improvement and monitoring purposes are indicated by QI. Measures indicated with an *'A'* are accountability measures and are suitable for public reporting and/or pay for performance purposes.

The universe of performance measures consists of countless measures with enumerable permutations of specifications. Thus, this compendium of measures is not all inclusive. Those included, however, represent a large sample of measures that are evidence based and were developed and supported by nationally recognized organizations. Where available, measures endorsed by the National Quality Forum are included. Generally, the measures are those that may be calculated from readily available sources. In the future, moves to universal medical records would facilitate data collection and more robust measurement.

With numerous performance measures from which to select, States should consider their priorities before exploring measures for implementation. States should be careful to select measures that are intended to analyze and support their quality goals. Consideration should be made for the availability of data sources, and the ability to access complete information on particular measures, while considering the burden produced in data collection. States should be clear with the selection of measures that are actionable within existing limitations.

States' experience with performance measurement and reporting varies with a few States in the forefront of implementation of performance measurement and quality improvement strategies. New Hampshire's experience in implementation of performance measures to track its progress in goals to Maternal and Child Health programs provides practical advice to others seeking to develop performance measures:

- Don't go in with a blank slate. Have an idea of what you want to achieve with potential measures.

- Draw on nationally accepted measures and existing requirements. Do your homework on the most widely used measures and use standard definitions wherever you can.

- Start with what people already know at the program level. New Hampshire found it best to set performance measures for familiar categorical areas before tackling broader capacity and processes.

- Give ample notice and feedback opportunities before measures are required. Advises not to repeat New Hampshire's mistake of putting the final measures in contracts and saying, "This is what we're doing". Any surprise can create a setback.

- Turn measurement data into valuable products for grantees and decision makers. Conduct focus groups and pilot tests to make sure the feedback, reports and site visits will be useful.

- Be selective. There are no perfect measures. Choose the best one and resist the temptation to use two when one will do.

- Provide technical assistance to help with data collection. If you require performance data, you also have the responsibility to help with things like electronic medical records and quality checks.

- Look at performance from your grantees' perspective. Recognize that they have other local priorities and funding requirements. Aim to streamline reporting and focus improvement for them.

- Public Health Foundation, 2005

Although New Hampshire's recommendations result from activities with grantee programs in its State, the advice may be applicable to other statewide initiatives. In development of its health indicator system, Rhode Island reviewed the literature, policy studies and performance measurement projects; identified existing datasets; determined priorities; and identified gaps in data sets for each population in Medicaid to implement new measures. In the "Ten State Medicaid Core Performance Measure

Reporting Summary: Highlighting Model Practices", several States with leading quality improvement efforts provide feedback through annual statewide reports with trending, provide free quality improvement tools, and develop internal expertise to support measurement activity. (Thomson Medstat, 2005).

The compendium provides the data source for the measures and the organization to be contacted for additional information regarding measure specifications or technical inquiries. **Measures are frequently updated to account for changes in evidenced based research; therefore States should consult current measure guidelines and specifications before implementation.**

Currently, quality measurement relies heavily on administrative data due to the relative ease and cost of obtaining such data. Therefore, measures are limited in their scope and complexity. As other structural and system inputs evolve such as electronic health records, more robust measurement and analysis will be possible. The measures compendium offers States a resource for their quality measurement efforts.

Conclusion

The Guide to Performance Measures: A Compendium is first in a series of publications from the Center for Medicaid and State Operations, Division of Quality Evaluations and Health Outcomes. This document is intended to provide a resource of available measures across conditions. It also serves to identify gaps in measurement relevant to Medicaid and SCHIP populations; which will help to inform further measurement development. An implementation guide is also planned for publication in the near future.

Over the next several years CMS will be working with AHRQ to compile and align Home and Community-Based Services (HCBS) measures, and reduce overall state burden in the collection and analysis of the data from which conclusions can be drawn regarding the health and welfare of service recipients and the overall system for providing home and community based services for those with long term healthcare needs. As such, the addition of long term care/HCBS measures to the Compendium is forthcoming

The goal of the series is to launch an ongoing process for the engagement of States in quality measurement and improvement, increasing awareness and use of standardized measures.

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Measure Specification Sources:

AHRQ	Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QIs) www.qualityindicators.ahrq.gov/
ACC	American College of Cardiology (ACC) Heart House 9111 Old Georgetown Road Bethesda, MD 20814-1699 800-253-4636, ext. 694 or (301) 897-5400
AMA –PCPI	American Medical Association (AMA) www.ama-assn.org/go/quality. Physician Consortium for Performance Improvement (PCPI) www.ama-assn.org/go/quality • Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. Available from the American Medical Association (AMA) Clinical Quality Improvement • Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p].
AHA	American Heart Association (AHA) http://www.americanheart.org/presenter.jhtml?identifier=1165 National Center 7272 Greenville Avenue Dallas, TX 75231
ANA	American Nurses Association (ANA) http://ana.org/quality/database.htm 8515 Georgia Avenue Suite 400 Silver Spring MD 20910 (301) 628-5000
CAHMI	Child and Adolescent Health Measurement Initiative http://dch.ohsuhealth.com/index.cfm?pageid=451&sectionID=133&open=148

CHCA	Child Health Corporation of America www.chca.com 6803 West 64th St. Suite 208 Shawnee Mission, KS 66202 (913) 262-1436 (913) 262-1575 Fax
HRSA	Health Resources and Services Administration - US Department of Health and Human Services http://www.ihi.org/IHI/Topics/HIVAIDS/TheNationalQualityCenterNQC.htm HRSA HIV/AIDS Measures: *Funded by HRSA's HIV/AIDS Bureau (HAB)*
ICSI	Institute for Clinical Systems Improvement (ICSI) http://www.icsi.org/index.asp 8009 34th Avenue South Suite 1200 Bloomington, Minnesota 55425 (952) 814-7060
JCAHO	Joint Commission on Accreditation of Healthcare Organizations (JCAHO) http://www.jcaho.org/pms/core+measures/aligned_manual.htm One Renaissance Blvd. Oakbrook Terrace, IL 60181 (630) 792-5000
Medqic	MedQic www.medqic.org/scip
NACHRI	National Association of Children's Hospitals and Related Institutions (NACHRI) http://www.childrenshospitals.net/ 401 Wythe Street Alexandria, VA 22314 Phone: 703/684-1355
NCQA	National Committee for Quality Assurance www.ncqa.org 2000 L Street, N.W. Suite 500 Washington, DC 20036 202-955-3500 National Committee for Quality Assurance (NCQA). HEDIS® 2004. Health plan employer data and quality information set. Vol. 2, Technical Specifications.

	Washington (DC): National Committee for Quality Assurance (NCQA); 2003 https://inetshop01.pub.ncqa.org/Publications/deptCate.asp?dept%5Fid=2&cateID=800&sortOrder=100&mscssid=#800100
NICHQ	National Initiative for Children's HealthCare Quality (NICHQ) www.nichq.org 20 University Road, 7th Floor Cambridge, MA 02138 617-301-4900 866-787-0832
NYCDHMH	New York City Department of Health and Mental Hygiene www.nyc.gov/html/doh/html/home/home.shtml
CMS – Nursing Home Compare Staffing	http://www.medicare.gov/NHCompare/static/Related/AboutStaffing.asp?dest=NAV|Home|About|Staffing#TabTop
CALNOC	California Nursing Outcomes Coalition Database Project www.calnoc.org
Qualis	Qualis Health http://www.qualishealth.org/ Corporate Headquarters PO Box 33400 Seattle, WA 98133-0400 Phone: 206-364-9700 Toll-free 800-949-7536
UCHSC	University of Colorado at Denver Health Sciences Center The Care Transition Program http://www.caretransitions.org/index.asp The Division of Health Care Policy and Research 13611 East Colfax Avenue, Suite 100 Aurora, CO 80045-5701 303-724-2523 303-724-2486 (fax)
UM-KECC	University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) http://www.sph.umich.edu/kecc/usr/facguide.pdf UM-KECC

	315 West Huron, Suite 240 Ann Arbor, MI 48103 (734) 998-6611 (734) 998-6620 (fax) keccdfr@umich.edu (email pertaining to DFRs) www.sph.umich.edu/kecc
VHA	Veterans Health Administration http://www1.va.gov/health/ Department of Veterans Affairs Office of Quality and Performance (10Q)

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Category	Measure	Description	Measure Setting	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Access	Young Adult Health Care Survey (YAHCS)	54-item teen survey that assesses whether young adults (aged 14 and older) are receiving nationally-recommended preventive services	ambulatory	pediatric	CAHMI	outcome	survey		QI,A
Access	Promoting Healthy Development Survey	parent survey that assesses whether young children (3-48 months old) are receiving nationally-recommended preventive and developmental services	ambulatory	pediatric	CAHMI	outcome	survey		QI,A
Access	Children and Adolescent's Access to Primary Care	% of enrollees who had a visit with a primary care practitioner	ambulatory, health plan	pediatric	NCQA		administrative		QI
Access	Medical Home	How many children/youth have a personal doctor or nurse?	ambulatory	pediatric	CAHMI		survey		QI,A
Access	Medical Home Component #3	How many children/youth have a personal doctor or nurse who communicates well and spends enough time with them?	ambulatory	pediatric	CAHMI		survey		QI,A
Access	Medical Home Component #5	How many children/youth had problems getting specialty care or services recommended by personal doctor or nurse?	ambulatory	pediatric	CAHMI		survey		QI,A
Access	Medical Home Component #6	How many children/youth have a personal doctor or nurse who follows up after child gets specialty care or services?	ambulatory	pediatric	CAHMI		survey		QI,A
Access	Developmental Screening	How many young children have doctors who ask parents if they have any concerns about their child's development?	ambulatory	pediatric	CAHMI		survey		QI,A
Acute Myocardial Infarction	AMI-1 Aspirin at arrival	% of AMI patients who received aspirin within 24 hours before or after hospital arrival	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A
Acute Myocardial Infarction	AMI-2 Aspirin at discharge	% of AMI patients who are prescribed aspirin at hospital discharge	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A

Measure information is presented in summary. Consult source organization to obtain detailed specifications and modifications.

* Italicized measures required additional development at date of publication

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Category	Measure	Description	Measure Setting	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Acute Myocardial Infarction	AMI-3 ACE inhibitor for left ventricular systolic dysfunction	% of AMI patients who are prescribed an ACEI or ARB at hospital discharge	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A
Acute Myocardial Infarction	AMI-4 Adult smoking cessation advice/ counseling	% of AMI patients (cigarette smokers) who receive smoking cessation advice or counseling during the hospital stay	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A
Acute Myocardial Infarction	AMI-5 Beta blocker prescribed at discharge	AMI patients who are prescribed a beta blocker at hospital discharge	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A
Acute Myocardial Infarction	AMI-6 Beta blocker at arrival	AMI patients who received a beta blocker within 24 hours after hospital arrival	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A
Acute Myocardial Infarction	AMI-7a Thrombolytic agent received within 30 minutes of hospital arrival	AMI patients whose time from hospital arrival to thrombolysis is 30 minutes or less	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A
Acute Myocardial Infarction	AMI-8a PCI received within 120 minutes of hospital arrival	AMI patients whose time from hospital arrival to percutaneous coronary intervention (PCI) is 120 minutes or less	hospital	adult	JCAHO/CMS	process	chart review	Y	QI, A
Acute Myocardial Infarction	Beta-Blocker after heart attack	% of enrolled members 35 years and older hospitalized and discharged during the measurement year (January 1 through December 24) with a diagnosis of acute myocardial infarction (AMI) and who received an ambulatory prescription for beta-blockers upon discharge	managed care	adult	NCQA	process	administrative		A
Acute Myocardial Infarction	Persistence of Beta-Blocker after heart attack	% of enrolled members that continue to receive treatment with beta-blockers at least six months after a heart attack	managed care	adult	NCQA	process	administrative		A
Acute Myocardial Infarction	AMI - 30 Day Mortality	Risk adjusted rate of patients who died of any cause within 30 days of index admission	hospital	adult	CMS	outcome	administrative	Y	A
Acute Myocardial Infarction	*AMI - Time to PCI of 120 minutes or less*	*developmental*	*Emergency*	*adult*	*CMS*	*outcome*	*chart review*		
Ambulatory Care Sensitive	Hospitalization Rate: All Conditions	Age and gender adjusted population based rate of hospitalization for acute and	health plan	pediatric	CAHMI	outcome	administrative		QI
Ambulatory Care Sensitive	Hospitalization Rate: Acute Conditions Rate	Age and gender adjusted population based rate of hospitalization for acute conditions only per 1000 enrollees age 0-14.	health plan	pediatric	CAHMI	outcome	administrative		QI

Measure information is presented in summary. Consult source organization to obtain detailed specifications and modifications.

* Italicized measures required additional development at date of publication

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Category	Measure	Description	Measure Setting	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Ambulatory Care Sensitive	Hospitalization Rate: Chronic Conditions Rate	Age and gender adjusted population based rate of hospitalization for chronic conditions only per 1000 enrollees age 0-14.	health plan	pediatric	CAHMI	outcome	administrative		QI
Asthma	*Antiasthmatic medication*	*Corticosteroids and/or Beta2 agonist administered in ED*	*Emergency*	*adult*	*CMS (Qualis)*	*process*	*abstraction*		*QI*
Asthma	*Antiasthmatic medication*	*Patient Discharged from the ED on corticosteroids*	*Emergency*	*adult*	*CMS (Qualis)*	*process*	*abstraction*		*QI*
Asthma	CAC-3	Use of relievers for inpatient asthma	hospital	pediatric	JCAHO/CHCA	process	abstraction	Y	QI,A
Asthma	CAC-4	Use of systemic corticosteroids for inpatient asthma	hospital	pediatric	JCAHO/CHCA	process	abstraction	Y	QI,A
Asthma	CAC-1.1	Return to the hospital, admission with same asthma diagnosis within 30 days following outpatient discharge	hospital	pediatric	JCAHO	outcome	abstraction		QI,A
Asthma	CAC-1	Return to hospital with same asthma diagnosis with 7 days following inpatient discharge	hospital	pediatric	JCAHO	outcome	abstraction		QI,A
Asthma	CAC-2.1	Return to hospital with same diagnosis within 30days following ED visit or observation stay	hospital	pediatric	JCAHO	outcome	abstraction		QI,A
Asthma	CAC-2	Return to the hospital with same asthma diagnosis within 7 days following ED visit or observation stay	hospital	pediatric	JCAHO	outcome	abstraction		QI,A
Asthma	CAC-5	Risk adjusted conditional length of stay for asthma patients	hospital	pediatric	JCAHO	outcome	abstraction		QI,A
Asthma	CAC-6	Home management plan of care given to patient/caregiver	hospital	pediatric	JCAHO	outcome	abstraction		QI,A
Asthma	Asthma Assessment	% of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms (age 5-40)	ambulatory	all	AMA, PCPI	process	medical record	Y	QI, A

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Category	Measure	Description	Measure Setting	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Asthma	Asthma: Pharmacologic Therapy	% of patients identified as having persistent asthma during the year prior to the measurement year and were prescribed either an inhaled corticosteroid or acceptable alternative medication during the measurement year	ambulatory	all	NCQA	process	administrative		A
Asthma	Asthma: Pharmacologic Therapy	% of all patients with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	ambulatory	all	AMA, PCPI	process	administrative		QI
Asthma	Asthma: Pharmacologic Therapy	Distribution of long-term control therapy by category of medication, severity classification, and age range	ambulatory	all	AMA, PCPI	process	administrative		QI
Asthma	Appropriate Medications for People with Asthma	% of members with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolun sodium, leukotriene modifiers, or methylaxanthines in the measurement year (ages 5 to 56 years)	ambulatory	all	NCQA	process	administrative		A
Asthma	Low Acuity Asthma Readmission Rate	Rate of readmission for asthma less than 15 days after discharge	hospital	pediatric	NACHRI; JCAHO	outcome	medical record		QI,A
Bone Conditions	Osteoporosis Management in Women who had a fracture	% of women who suffered a fracture, and who had either a bone mineral density test or prescription for a drug to treat or prevent osteoporosis in the 6 months after date of fracture	ambulatory	adult	NCQA	process	administrative		A
Bone Conditions	Osteoarthritis: Assessment for use of Anti-inflammatory or Analgesic OTC conditions	% of patient visits with an assessment for use of anti-inflammatory or analgesic over the counter (OTC) medications (age ≥ 21 years)	ambulatory	adult	AAOS/AMA PCPI/CMS	process	administrative	Y	QI
Bone Conditions	Osteoarthritis: Gastrointestinal (GI) Prophylaxis	% of patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) who were assessed for presence of GI complications and if risk factors were	ambulatory	adult	AAOS/AMA PCPI	process	administrative		QI
Bone Conditions	Osteoarthritis: Functional and Pain Assessment	% of patients diagnosed with symptomatic osteoarthritis who were assessed for function and pain annually (age ≥ 21 years)	ambulatory	adult	AAOS/AMA PCPI	process	administrative	Y	QI
Bone Conditions	Osteoarthritis: Non-steroidal anti-inflammatory Drug (NSAID) Risk Assessment	% of patients on prescribed or OTC NSAIDs who were assessed for GI/renal risk factors	ambulatory	adult	AAOS/AMA PCPI	process	administrative		QI

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Bone Conditions	Osteoarthritis: Physical Examination of the Involved Joint	% of patients for whom a physical examination of the involved joint was performed during the initial visit	ambulatory	adult	AAOS/AMA PCPI	process	administrative		QI
Bone Conditions	Osteoarthritis: Anti-Inflammatory/ Analgesic Therapy	% of patient visits during which an anti-inflammatory agent or analgesic was considered	ambulatory	adult	AAOS/AMA PCPI	process	administrative		QI
Bone Conditions	Osteoarthritis: Therapeutic Exercise	% of patient visits during which therapeutic exercise for the involved joint was considered	ambulatory	adult	AAOS/AMA PCPI	process	administrative		QI
Care Coordination	Care Transition Measure (CTM) - 3	the measure of patients' perspectives on coordination of hospital discharge care	hospital	adult	UCHSC	process	survey	Y	A
Children with Special Health Care Needs	Medical Home	% of children with special health care needs who receive coordinated, ongoing, comprehensive care within a medical home	ambulatory	pediatric	CAHMI; MCHB	prevalence	survey		QI/A
Continuity of Care	*Percentage of patients who return to the ED within 7 days*	*developmental*	*Emergency*	*adult*	*CMS*	*outcome*	*administrative*		
Coronary Artery Disease	CABG	% of patients undergoing coronary artery bypass graft surgery who received an internal mammary artery graft	hospital	adult	CMS	process	medical record	Y	A
Coronary Artery Disease	Coronary Artery Disease (CAD): Beta Blocker Therapy-Prior MI	% of patients with prior MI who were prescribed beta-blocker therapy	ambulatory	adult	NCQA	Process	administrative		A
Coronary Artery Disease	CAD: Lipid Profile	% of patients receiving at least one LDL-C screen (ages: 18 - 25 years)	ambulatory	adult	NCQA	Process	medical record		A
Coronary Artery Disease	CAD: Drug Therapy for Lowering LDL Cholesterol (LDL-C)	% of patients who were prescribed lipid lowering therapy	ambulatory	adult	AMA/PCPI/ACC /AHA	process	medical record		QI
Coronary Artery Disease	CAD: LDL Cholesterol Level	% of patients with LDL-C test results < 100 mg/dL after acute cardiac event (age: 18 - 75 years)	ambulatory	adult	NCQA	outcome	administrative	Y	A
Coronary Artery Disease	CAD:	% of patients with coronary artery disease who also have diabetes and/or LVSD who were prescribed ACE inhibitor/ARB therapy	ambulatory	adult	AMA	process	administrative		
Coronary Artery Disease	CAD: Beta Blocker Therapy – Prior Myocardial Infarction (MI)	% of patients with prior MI who were prescribed beta-blocker therapy	ambulatory	adult	AMA PCPI/ ACC/AHA	process	medical record	Y	QI
Coronary Artery Disease	CAD: Antiplatelet therapy	% Patients who were prescribed antiplatelet therapy (aspirin, clopidogrel or combination of aspirin and dipyridamole); age ≥ 18 years	ambulatory	adult	AMA	process	medical record	Y	A

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Coronary Artery Disease	CAD: Symptoms and Activity Assessment	% of patients who were evaluated for both level of activity and anginal symptoms during one or more visits (age ≥ 18 years)	ambulatory	adult	CMS/AMA PCPI/ ACC/AHA	process	medical record	Y	QI
Coronary Artery Disease	Cholesterol Screen (patients with cardiovascular disease)	% patients who have documentation in the medical record of cholesterol screening within the last year (patients 18 - 25 years)	ambulatory	adult	NCQA	process	administrative	Y	A
Coronary Artery Disease	LDL Cholesterol Level	Patients with most recent LDL-C < 130 mg/dl (age: ≥ 18)	ambulatory	adult	CMS	outcome	medical record	Y	A
Dental	Indicator 1.2	Overall Condition of Children's Teeth	ambulatory	pediatric	CAHMI		survey		QI
Dental	Dental Care	% of enrolled members ages 3 - 21 years who had at least one dental visit during the measurement year	ambulatory	pediatric	NCQA	process	administrative		A
Depression	Screening for Depression and Follow-up	% of patients who were screened annually for depression in primary care setting	ambulatory		VHA	process	administrative		QI
Depression	Screening for Depression and Follow-up	% of patients with a positive screen for depression with a follow-up assessment or referral	ambulatory		VHA	process	administrative		QI
Depression	Antidepressant Medication Management: Effective Acute Phase Treatment	% of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12 week) Acute Treatment Phase	ambulatory	adult	NCQA		administrative	Y	A
Depression	Antidepressant Medication Management: Continuation of Antidepressant Medication	% of patients with Major Depressive Disorder (MDD) who were continued on medication for a minimum of 16 weeks following remission of symptoms	ambulatory	adult	AMA PCPI		medical record		QI
Depression	Antidepressant Medication Management: Optimal Practitioner Contacts for Medication Management	% of patients diagnosed with a new episode of depression and treated with antidepressant medication and had at least 3 follow-up contacts with a primary care or mental health practitioner coded with a mental health diagnosis during the 12 week acute treatment phase	ambulatory	adult	NCQA	process	administrative	Y	A
Depression	Effective Continuation Phase Treatment	% patients diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant for at least 6 months	ambulatory	adult	NCQA	process	administrative	Y	A

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Depression	Follow-up After Hospitalization for Mental Illness	% of discharges for patients hospitalized for treatment of selected mental health disorders, seen by a mental health provider within 30 days and 7 days	ambulatory	adult	NCQA	process	administrative		A
Depression	Diagnostic Evaluation	% of patients whose depressive symptoms were adequately assessed for the presence of MDD during the initial visit	ambulatory	all	AMA, PCPI	process	medical record		QI
Depression	Suicide Risk Assessment	% of patients with MDD who had a suicide risk assessment completed at each visit	ambulatory	all	AMA, PCPI	process	medical record		QI
Depression	Severity Classification	% of patients whose severity of MDD was classified at the initial visit	ambulatory	all	AMA, PCPI	process	medical record		QI
Depression	Treatment: Psychotherapy, Medication Management, and/or Electroconvulsive Therapy (ECT)	% of patients with MDD who received therapy appropriate to their classification	ambulatory	all	AMA, PCPI	process	medical record		QI
Diabetes	HbA1c Management (Screen)	% of patients receiving one or more A1c test (s)	Ambulatory	adult	NCQA	process	administrative		A
Diabetes	HbA1c Management (Screen)	% of patients receiving one or more A1c test (s)	Ambulatory	adult	AMA	process	administrative		QI
Diabetes	HbA1c Management (Screen)	Distribution of number of tests done (0, 1, 2, 3 or more)	Ambulatory	adult	AMA	process	administrative		QI
Diabetes	HbA1c > 9 (Control)	% of patients with most recent A1c level > 9% (poor control)	Ambulatory	adult	NCQA	outcome	administrative		A
Diabetes	HbA1c<7 (Control)	% of patients with most recent A1c level<7% (good control)	Ambulatory	adult	NCQA	outcome	administrative		A
Diabetes	A1c Management (Control)	Distribution of most recent A1c value by range: < 6.0, 6.1-7.0, 7.1-8.0, 8.1-9.0, 9.1-10.0, > 10.0, undocumented	Ambulatory	adult	AMA	outcome	administrative		QI
Diabetes	Lipid Management	% of patients with most recent LDL-C<100	Ambulatory	adult	NCQA	outcome	administrative		A
Diabetes	Lipid Management	% of patients who received at least one lipid profile (or ALL component tests)	Ambulatory	adult	AMA	process	administrative		QI
Diabetes	Blood Pressure Management	Distribution of most recent blood pressure values by range (mm Hg): Systolic: < 120, 120-129, 130-139, 140-149, 150-159, 160-169, 170-179, > 180, undocumented Diastolic: < 75, 75-79, 80-89, 90-99, 100-109, > 110, undocumented	Ambulatory	adult	AMA	outcome	administrative		QI
Diabetes	Blood Pressure < 140/90	% of patients with most recent BP < 140/90 mm Hg	Ambulatory	adult	NCQA	outcome	administrative		A

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Diabetes	Retinal Exam Conducted	% of patients who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos in the reporting year, or during the prior year if patient at low risk for retinopathy	Ambulatory	adult	NCQA	process	administrative		A
Diabetes	LDL Cholesterol	% of patients with most recent LDL-C < 130	Ambulatory	adult	NCQA	outcome	administrative		A
Diabetes	LDL Cholesterol	Distribution of most recent test values by range: Total cholesterol: > 240, 200-239, < 200, undocumented; LDL-C: > 160, 130-159, 100-129, < 100, undocumented; HDL-C: < 40, 40-49, 50-59, > 60, undocumented; If Non-HDL cholesterol is reported, record the test values in the following ranges: ≥ 190, 160-189, 130-159, < 130, undocumented; Triglycerides: > 400, 200-399, < 200, 150-199, < 150, undocumented	Ambulatory	adult	AMA	outcome	medical record		QI
Diabetes	LDL Cholesterol	The percentage of patients with diabetes (type 1 and type 2) with most recent LDL-C < 100mg/dL	Ambulatory	adult	NCQA	outcome	administrative		A
Diabetes	Foot Exams	% of eligible patients who received at least one foot exam, defined in any manner	Ambulatory	adult	NCQA	process	administrative		A
Diabetes	Diabetic Nephropathy Monitoring	% of patients with a least one test for microalbumin during the measurement year; or who had evidence of medical attention for existing nephropathy	Ambulatory	adult	NCQA	process	administrative		A
Diabetes	ASA/Antiplatelet Therapy								
Diabetes	Self Management Goal								
Diabetes	Smoking Cessation	% of patients whose smoking status was ascertained and documented annually	Ambulatory	adult	NCQA	process	administrative		A
Diabetes	Aspirin Use	% of patients receiving aspirin therapy (dose ≥ 75mg)	Ambulatory	adult	AMA	process	administrative		QI
Diabetes	Influenza Vaccination	% of patients who received an influenza vaccine during the recommended calendar period	Ambulatory	adult	AMA	process	administrative		QI
Diabetes	Diabetes Short-term Complication Admission Rate	Number of admissions for diabetes short-term complications per 100,000 population.	ambulatory	all	AHRQ	outcome	administrative	Y	QI

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Category	Measure	Description	Measure Setting	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Diabetes	Diabetes Long-term Complication Admission Rate	Number of admissions for long-term diabetes per 100,000 population.	ambulatory	all	AHRQ	outcome	administrative	Y	QI
Diabetes	Uncontrolled Diabetes Admission Rate	Number of admissions for uncontrolled diabetes per 100,000 population.	ambulatory	all	AHRQ	outcome	administrative	Y	QI
Diabetes	Rate of Lower-extremity Amputation Among Patients with Diabetes	Number of admissions for lower-extremity amputation among patients with diabetes per 100,000 population.	ambulatory	all	AHRQ	outcome	administrative	Y	QI
Efficiency	Relative Resource Use for Chronic Conditions	Cost of care measure for plan members with chronic conditions – diabetes, cardiac conditions, asthma, COPD, uncomplicated hypertension, and acute low back pain	ambulatory	adult	NCQA	efficiency	administrative		A
Emergency Department	*Discharge Instructions*	*Patient received discharge instructions on discharge from the ED Instructions for Follow-up as part of discharge instructions*	*Emergency*	*adult*	*CMS*	*process*	*chart review*	*N*	*QI*
ESRD	ESRD-1 Hemodialysis Adequacy - Dosage	% of hemodialysis patients whose hemodialysis dose is measured monthly	ESRD/Dialysis Facility	Hemodialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-2 Hemodialysis Adequacy	Method used to calculate the delivered hemodialysis dose	ESRD/Dialysis Facility	Hemodialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-3a Adequacy of the delivered hemodialysis treatment using Kt/V	% of hemodialysis patients with spKt/V >= 1.2	ESRD/Dialysis Facility	Hemodialysis patients	CMS	outcome	dialysis record	Pending	QI
ESRD	ESRD -3b Adequacy of the delivered Hemodialysis treatment using URR	% of hemodialysis patients with URR >= 65% (claims data)	ESRD/Dialysis Facility	Hemodialysis patients	CMS, UM-KECC	outcome	dialysis record	Pending	A
ESRD	ESRD-4 Peritoneal dialysis total solute clearance is measured regularly	% of peritoneal dialysis patients with total solute clearance measured at least once in a six-month period	ESRD/Dialysis Facility	Peritoneal dialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-5 Peritoneal dialysis dose and total solute clearances are measured in a standard way	method used to calculate the delivered peritoneal dialysis dose	ESRD/Dialysis Facility	Peritoneal dialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-6 Adequacy of the delivered peritoneal dialysis dose	% of peritoneal dialysis patients with delivered peritoneal dialysis dose at target	ESRD/Dialysis Facility	Peritoneal dialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-7 Vascular Access I - AVF	% of hemodialysis patients with an arterial venus fistula	ESRD/Dialysis Facility	Hemodialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-8 Vascular Access II - Catheterization	% of hemodialysis patients with a chronic catheter (90 days or longer)	ESRD/Dialysis Facility	Hemodialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-9 Monitoring arterial venus grafts for stenosis	% of hemodialysis patients with an AV graft monitored for stenosis	ESRD/Dialysis Facility	Hemodialysis patients	CMS	process	dialysis record	Pending	QI

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ESRD	ESRD-10a Target hemoglobin for Epoetin therapy	% of dialysis patients with hemoglobin at target	ESRD/Dialysis Facility	dialysis patients	CMS	outcome	dialysis record	Pending	QI
ESRD	ESRD-10b Target hematocrit or hemoglobin for adequate anemia management	% of dialysis patients with hematocrit or hemoglobin at target (claims data)	ESRD/Dialysis Facility	Dialysis patients	CMS, UM-KECC	outcome	dialysis record	Pending	A
ESRD	ESRD-11 Assessment of iron stores.	% of dialysis patients with iron stores assessed at specified intervals	ESRD/Dialysis Facility	Dialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-12 Maintenance of iron stores	% of dialysis patients with iron stores at target	ESRD/Dialysis Facility	Dialysis patients	CMS	outcome	dialysis record	Pending	QI
ESRD	ESRD-13 Administration of supplemental (IV) iron	% of dialysis patients prescribed IV iron	ESRD/Dialysis Facility	Dialysis patients	CMS	process	dialysis record	Pending	QI
ESRD	ESRD-14 Patient Survival	worse than expected/expected/better than expected survival for dialysis patients (DFC measure)	ESRD/Dialysis Facility	Dialysis patients	CMS, UM-KECC	outcome	dialysis record	Pending	A
Heart Failure	HF-1 Discharge instructions	% of heart failure patients discharged home with written instructions or educational material given to patient or care giver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen	hospital	adult	CMS/JCAHO	Process	administrative	Y	A
Heart Failure	HF-2 Left ventricular function assessment	% of heart failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge	hospital	adult	CMS/JCAHO	Process	administrative	Y	A
Heart Failure	HF-3 ACE inhibitor for left ventricular systolic dysfunction	% of heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACE inhibitor) contraindications or angiotensin receptor blocker (ARB) contraindications who are prescribed an ACE inhibitor or an ARB at hospital discharge.	hospital	adult	CMS/JCAHO	Process	administrative	Y	A
Heart Failure	HF-4 Adult smoking cessation advice/ counseling	% of heart failure patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during a hospital stay.	hospital	adult	CMS/JCAHO	Process	administrative	Y	A

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Heart Failure	HF - 30 Day Mortality	Risk adjusted rate of patients who died of any cause within 30 days of index admission	hospital	adult	CMS	outcome	administrative	Y	A
Heart Failure	Heart Failure Assessment	% of patients with heart failure who have quantitative or qualitative results of LVF assessment recorded	ambulatory	adult	AMA	process	medical record	Y	QI,A
Heart Failure	HF - Weight Management	% of heart failure patient visits with weight measurement recorded	ambulatory	adult	AMA	process	medical record	Y	QI,A
Heart Failure	HF - Medication Therapy	% of patients with heart failure who also have LVSD who were prescribed beta-blocker therapy	ambulatory	adult	AMA	process	medical record	Y	QI,A
HIV/AIDS	ARV Management	% of Patients with a CD4 Cell Count Below 200 cells/mm3 Receiving Pneumocystis Carinii Pneumonia (PCP) Prophylaxis	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ARV Management	% of Patients with Appropriate ARV Therapy Management	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ARV Management	% of Patients/Clients with Viral Load Test in the Past 4 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ARV Management	% of Patients/Clients with Diagnosis of Opportunistic Infections	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ARV Management	% of Patients/Clients with an HIV Primary Care Visit in the Past 4 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Adherence Self Management	% of Patients/Clients Assessed for Adherence to Antiretroviral (ARV) Therapy in the Past 4 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Adherence Self Management	% of Patients/Clients with Self-Management Goal Setting	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Adherence Self Management	% of Patients/Clients who Co-Signed Their Service Care Plans in the Past 6 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	% of Patients/Clients with at Least One HIV Specialist Visit in the Past Four Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	%of Patients with Annual Syphilis Screen	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	% of Patients on Antiretroviral (ARV) Therapy with Annual Lipid Screen	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	% of Patients with a Mental Health Screen in the Past 12 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI

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HIV/AIDS	Health Maintenance	% of Patients Receiving an Annual Dental Exam	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	% of Patients/Clients Assessed for Substance Use and/or Tobacco Use in the Past 12 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	% of Patients/Clients with a Pneumococcal Vaccination in the Past 10 Years	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	% of Patients/Clients with Known Hepatitis C Status	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Health Maintenance	Percent of Patients with Purified Protein Derivative (PPD) Screening in the Past 12 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Case Management	% of Patients/Clients with Complete Psychosocial Assessment in the Past 6 Months	ambulatory	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	Pediatric Measures	% of Pediatric Patients Prescribed Prophylactic Therapy According to Immunologic Status	ambulatory	pediatric	HRSA	process	patient record		QI
HIV/AIDS	Pediatric Measures	% of Pediatric Patients Assessed for Adherence to Antiretroviral (ARV) Therapy in the Past Four Months	ambulatory	pediatric	HRSA	process	patient record		QI
HIV/AIDS	Pediatric Measures	% of Pediatric Patients with at Least One Pediatric HIV Specialist Visit in the Past Four Months	ambulatory	pediatric	HRSA	process	patient record		QI
HIV/AIDS	Pediatric Measures	% of Pediatric Patients with Viral Load Test in the Past Four Months	ambulatory	pediatric	HRSA	process	patient record		QI
HIV/AIDS	Pediatric Measures	% of Pediatric Patients with Appropriate ARV Therapy Management	ambulatory	pediatric	HRSA	process	patient record		QI
HIV/AIDS	Pediatric Measures	% Pediatric Patients with a CD4 Count Test in the Past Four Months	ambulatory	pediatric	HRSA	process	patient record		QI
Home Health	Improvement in Ambulation/Locomotion	% percentage of home health care patients who improve in ambulation/locomotion compared to a prior assessment	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Home Health	Improvement in bathing	% of home health care patients who improve in their bathing ability compared to a prior assessment. The measure identifies patients' ability to safely bathe the entire body in the shower or tub, also considering the type of assistance needed.	home health	adult	UCHSC	outcome	OASIS	Y	QI/A

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Home Health	Improvement in transferring	% of home health care patients who improve in their ability to safely transfer compared to a prior assessment.	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Home Health	Improvement in Management of Oral Medication	% of home health care patients who improve in their ability to manage their oral medications compared to a prior assessment	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Home Health	Improvement in Pain Interfering with Activity	% of home health care patients who improve in pain interfering with activity or movement compared to a prior assessment	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Home Health	Improvement in Dyspnea	% of home health care patients whose dyspnea improved compared to a prior assessment	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Home Health	Improvement in Urinary Incontinence	% of home health care patients whose urinary incontinence improved compared to a prior assessment	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Home Health	Acute Care Hospitalization	% of home health care patients who were admitted to a hospital for 24 hours or more while a home health patient	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Home Health	Discharge to Community	% of home health care patients who were discharged to the community	home health	adult	UCHSC	outcome	OASIS	Y	QI/A
Hypertension	Blood Pressure Control	% of patients (age 18 - 85 years) with last BP < 140/90 mm Hg	ambulatory	adult	NCQA	outcome	administrative		A
Hypertension	Blood Pressure Measurement	% of patient visits with blood pressure (BP) measurement recorded	ambulatory	all	AMA PCPI/* ACC/AHA	process	medical record		QI

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Hypertension	Blood Pressure Measurement	Distribution of most recent systolic and diastolic BP values by range (mm Hg): Systolic: < 120, 120-129, 130-139, 140-149, 150-159, 160-169, 170-179, > 180, undocumented Diastolic: < 75, 75-79, 80-89, 90-99, 100-109, > 110, undocumented	ambulatory	adult	AMA PCPI/* ACC/AHA	outcome	medical record		QI
Hypertension	Blood Pressure Control	% of patients with last BP < 140/90 mm Hg; patients age ≥ 18 years	ambulatory	adult	NCQA/CMS	outcome	medical record	Y	QI,A
Hypertension	Plan of Care	% of patient visits during which either systolic blood pressure > 140 mm Hg or diastolic blood pressure > 90 mm Hg, with documented plan of care for hypertension	ambulatory	adult	CMS/AMA PCPI/* ACC/AHA	process	medical record	Y	QI, A
ICU Care	ICU - 2 Stress Ulcer Disease (SUD) Prophylaxis	Number of ventilator days where patients received SUD prophylaxis	hospital	adult	JCAHO	process	administrative		A
ICU Care	ICU - 3 Deep Vein Thrombosis (DVT) Prophylaxis	Number of ventilator days where patients received DVT prophylaxis	hospital	adult	JCAHO	process	administrative		A
ICU Care	ICU - 5 ICU Length of Stay	Risk adjusted mean Intensive Care Unit (ICU) length of stay by type of unit	hospital	adult	JCAHO	process/ outcome	medical record		A
Infection	ICU - 4 Central Line-Associated Primary Bloodstream Infection (BSI)	% of patients receiving care in the ICU who develop a central line-associated primary bloodstream infection	hospital	adult	CDC	outcome	medical record	Y	QI
Infection	NSC-6 Catheter Associated Urinary Tract Infection	Urinary Catheter-Associated Urinary Tract Infection (CAUTI) Rate for Intensive Care Unit (ICU) Locations - Burn, Coronary, Medical, Medical/Surgical, Neurosurgical,	hospital	all	ANA/JCAHO	outcome	medical record	Y	QI,A
Infection	NSC-7 Central Line Associated Blood Stream Infection	Rate of central line associated blood stream infection rate for Intensive Care Unit (ICU) Locations - Burn, Coronary, Medical, Medical/Surgical, Neurosurgical,	hospital	all	JCAHO	outcome	medical record	Y	QI,A
Language	Language Diversity of Membership	The number and percentage of Medicaid and Medicare Members enrolled at any time during the measurement year by demand for language interpreter services	ambulatory	all	NCQA	outcome	administrative		QI
Medication Management	PICU Medication Safety Practices	Documentation of all 5 aspects of adoption of PICU safety practices	hospital	pediatric	NACHRI	process			A
Medication Management	Documentation of the Allergies and Adverse reaction in the Outpatient record	% of patients having documentation of allergies and adverse reactin the medical record	ambulatory	all	CMS/SCRIPT	process	medical record	Y	QI,A

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Medication Management	Documentation of medication list in the outpatient record	% patients having a medication list in the medical record3	ambulatory	all	CMS/SCRIPT	process	medical record	Y	QI,A
Medication Management	Therapeutic monitoring	% patients 18 years and older who received at least 180-day supply of medication therapy for the selected therapeutic agent and who received annual monitoring for the therapeutic agent	ambulatory	adult	NCQA	process	medical record	Y	QI,A
Medication Management	Drugs to be avoided in the elderly	% of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year; of patients 65 years of age and older who received at least two different drugs to be avoided in the elderly in the measurement year	ambulatory	adult	NCQA	process	administrative	Y	QI,A
Mental Health	How many children/youth received needed mental health care or counseling during the past 12 months?	# of children/youth received needed mental health care or counseling during the past 12 months?	ambulatory	pediatric	CAHMI	process	survey		QI,A
Mental Health	ADHD Medication Management	Follow-up visits for patients with ADHD treated with Stimulant Medication Treatment for ADHD	ambulatory	pediatric	ICSI	process	administrative		QI,A
Neonatal Care	*N -1 Antenatal Practices*	*Timely identification of pregnant women likely to deliver high-risk newborns, to hospitals with Level III neonatal intensive care units. (in development)*	*Hospital*	*neonates*	*CMS*	process			
Neonatal Care	*N -2 Antenatal Practices*	*Use of Antenatal Steroids in pregnant women at risk of preterm delivery (in development)*	*Hospital*	*neonates*	*CMS*	*process*			
Neonatal Care	*N -3: Immediate Postnatal Practices*	*Optimal resuscitation and stabilization of high-risk newborns who are born in community hospitals or in other hospitals without Level III neonatal intensive care units (in development)*	*Hospital*	*neonates*	*CMS*	*process*			
Neonatal Care	*N -4: Immediate Postnatal Practices*	*Prophylactic or early administration of the first dose of surfactant in preterm infants at risk for, or with signs of respiratory distress syndrome (in development)*	*Hospital*	*neonates*	*CMS*	*process*			
Neonatal Care	*N -5 Postnatal Practices*	*Infection control practices to prevent catheter-related bloodstream infections and other nosocomial infections (in development)*	*Hospital*	*neonates*	*CMS*	*process*			

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Neonatal Care	*N -6 Postnatal Practices*	*Optimizing NICU discharge planning and post-discharge comprehensive follow-up of high-risk NICU graduates (in development)*	*Hospital*	*neonates*	*CMS*	*process*			
Neonatal Care	Neonate Immunization Administration	% of neonates who received each of five specified immunizations	hospital	neonates	CHCA	process	medical record	Y	QI,A
Neonatal Care	Neonatal Readmission Rate	Rate of readmission for low acuity neonatal ailments less than 15 days after discharge	hospital	pediatric	NACHRI; JCAHO	outcome	medical record		QI,A
Neonatal Care	Neonatal Readmission Rate	Rate of readmission for high acuity neonatal ailments less than 15 days after discharge	hospital	pediatric	NACHRI; JCAHO	outcome	medical record		QI,A
Nursing Home	NH-1ADL Decline	% of residents whose need for help with activities of daily living have increased	nursing home	NH residents	CMS	incidence	MDS	Y	QI/A
Nursing Home	NH-2 Pain	% of residents who have moderate to severe pain	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-3 Physical Restraints	% of residents who were physically restrained	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-4 Urinary Tract Infections	% of residents with a urinary tract infection	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-5 Pressure Sores – High-Risk	% of high-risk residents who have pressure sores	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-6 Pressure Sores – Low-Risk	% of low-risk residents who have pressure sores	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-7 Depressed or Anxious Mood Worsening	% of residents who were more depressed or anxious	nursing home	NH residents	CMS	prevalence	MDS		QI/A
Nursing Home	NH-8 Bedfast	% of residents who spent most of their time in a bed or a chair	nursing home	NH residents	CMS	prevalence	MDS		QI/A
Nursing Home	NH-9 Indwelling Catheters	% of residents who have/had a catheter inserted and left in the bladder	nursing home	NH residents	CMS	prevalence	MDS		QI/A
Nursing Home	NH-10 Incontinence – Low-risk	% of low-risk residents who lose control of their bowels or bladder	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-11 Mobility Decline – locomotion self-performance decline	% of residents whose ability to move about in or around their room got worse	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-12 Weight Loss (more than 5% body weight in 30 days or 10% in 6 months)	% of resident who lose too much weight - more than 5% body weight in 30 days or 10% in 6 months	nursing home	NH residents	CMS	incidence	MDS		QI/A
Nursing Home	NH-13 Delirium – post-acute residents	% of Short-stay residents with Delirium	nursing home	NH residents	CMS	prevalence	MDS	Y	QI/A
Nursing Home	NH-14 Pain – post-acute residents	% of short-stay residents who had moderate to severe pain	nursing home	NH residents	CMS	prevalence	MDS		QI/A

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Nursing Home	NH-15 Pressure Sores – post-acute residents	% of short-stay residents with pressure sores	nursing home	NH residents	CMS	prevalence	MDS		QI/A
Nursing Home	Staffing - RN Staffing	RN hours worked per resident day	nursing home	NH residents	CMS	structure			QI/A
Nursing Home	Staffing - Total nursing hours	Total nursing (RN, LPN, aides) hours worked per resident day	nursing home	NH residents					QI/A
Nursing Home	Turnover percentage-nursing staff	Overall turnover percentage for nursing staff	nursing home	NH residents	VHA	structure	payroll data		QI/A
Nursing Home	*Satisfaction - Nursing Home CAHPS*	*Residents experience of care in a nursing home*	*nursing home*	*NH residents*	*AHRQ*	*outcome*	*survey*		*A*
Nursing Home	*Potentially avoidable hospitalization - long-stay residents*	*Rate of potentially avoidable hospitalization per long-stay resident*	*nursing home*	*NH residents*	*CMS*	*outcome*	*medical record*		*A*
Nursing Home	Potentially avoidable hospitalization - short-stay residents	% of short-stay residents with a hospitalization within 30 days of admission or 7 days of discharge if length of stay is less than 23 days for a potentially avoidable condition	nursing home	NH residents	CMS	outcome	medical record		A
Nursing Sensitive	Pressure Ulcers	% of patients with documented ulcer (stage I-IV on day of prevalence study. Also have Hospital-acquired ulcer - % of patients with documented ulcer (stage I-	Hospital	all	ANA/CalNOC	prevalence	chart review	Y	QI
Nursing Sensitive	NSC-13 Nursing Hours Per Patient Day (HPPD)	RN, LPN/LVN, UAP - number of productive hours worked by nursing staff with direct patient care responsibilities	Hospital	all	ANA	structure	payroll data	Y	QI
Nursing Sensitive	NSC 12 Skill Mix	the total number of productive hours worked by each skill mix category (RN, LPN, UAP)/total staff hours	Hospital	all	ANA	structure	medical record, Human resources	Y	QI
Nursing Sensitive	NSC-1 Death among surgical inpatients with treatable serious complications (failure to rescue)	% of surgical inpatients with complications of care whose discharge status is death;	hospital	all	ANA/JCAHO	outcome	medical record	Y	QI,A
Nursing Sensitive	NSC-2 Pressure Ulcer Prevalence	% of patients that have nosocomial (hospital-acquired) stage II or greater pressure ulcers on the day of the prevalence study	hospital	adult	ANA/JCAHO	outcome	medical record, risk management reports, incidence reports	Y	QI,A
Nursing Sensitive	NSC-5 Restraint Prevalence	Total number of patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study	hospital	adult	ANA/JCAHO	outcome	prevalence study	Y	QI,A

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Obesity	Body Mass Index (BMI) Documentation	Adults >18 years old with BMI documented in the past 24 months	ambulatory	adult	NYCDHMH	process	medical record	Y	QI,A
Obesity	Body Mass Index (BMI) Documentation	Number of children 2 through 18 years of age who came in for a well child visit in the measurement period month and who were classified based on BMI percentile for age and gender	ambulatory	pediatric	NICHQ	process	medical record	Y	QI,A
Obstetrics	PR -1 VBAC	% of vaginal births after cesarean section	hospital	women	JCAHO	outcome	administrative		QI
Obstetrics	PR -2 Inpatient Neonatal Mortality	% of live-born neonates who expire at the facility before the neonate becomes age 28 days	hospital	neonate	JCAHO	outcome	administrative		
Obstetrics	PR - 3 Third and Fourth Degree Lacerations	% of patients who have vaginal deliveries with third or fourth degree perineal laceration	hospital	women	JCAHO	outcome	administrative		QI
Patient Safety	NSC-3 Patient Falls	Number of documented falls with or without injury, experienced by patients on an eligible unit in a calendar month.	hospital	all	ANA/JCAHO	outcome	medical record, risk management reports, incidence reports	Y	QI,A
Patient Safety	NSC-4 Falls with Injury	% of documented patient falls with an injury level of minor or greater	hospital	all	ANA/JCAHO	outcome	medical record, risk management reports, incidence reports	Y	QI,A
Patient Safety	*ED visit*	*Percentage of ED patients who left prior to completion of medication treatment and decision on disposition (Against Medical Advice or AMA) or LWOBS (left without being seen)*	*Emergency*	*adult*	*CMS*	*process*	*abstraction*		*QI*
Patient Safety	Leap 1 - CPOE	Progress in implementation of computerized physician order entry (CPOE) systems: Assurance that at least 75% of medication orders entered via a computer system; 2. Demonstrate that inpatient CPOE system can alert physicians of at least 50% of common, serious prescribing errors; and 3. Require that physicians electronically document a reason for overriding an interception prior to doing so.	hospital	all	Leapfrog	process	Survey		QI, A

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Patient Safety	Leap 2 - ICU	Hospitals fulfilling the Standard operate adult and/pediatric ICUs that are managed or co-managed by intensivists: present during daytime hours and provide clinical care exclusively in the ICU and at other times - at least 95% of the time return ICU pages within 5 mins and arrange for a FCCS-certified non-physician effector to reach ICU Patients within 5 mins	hospital	all	Leapfrog	process	survey		QI, A
Patient Safety	Leap 4 - Safe Practices Score	27 procedures to minimize preventable medical mistakes	hospital	all	Leapfrog	process	Survey		QI/A
Patient Safety	Accidental Puncture or Laceration	Cases of technical difficulty (e.g., accidental cut or laceration during procedure) per 1,000 eligible discharges (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Decubitus Ulcer	Number of patients with decubitus ulcer per 1,000 eligible admissions (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI,A
Patient Safety	Foreign body left in after procedure	Number of patients with a foreign body unintentionally left in during a procedure per 1,000 eligible admissions (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI, A
Patient Safety	Iatrogenic pneumothorax in neonates at risk	Number of patients with an iatrogenic pneumothorax per 1,000 eligible admissions (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Iatrogenic pneumothorax in non-neonates	Number of patients with an iatrogenic pneumothorax per 1,000 eligible admissions (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Post-operative hemorrhage and hematoma	Number of patients with postoperative hemorrhage or hematoma requiring a procedure per 1000 eligible admissions (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI, A
Patient Safety	Post-operative respiratory failure	Number of patients with respiratory failure per 1000 eligible admissions (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI, A
Patient Safety	Postoperative sepsis	Number of patients with sepsis per 1,000 eligible admissions (population at risk)	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Post-operative wound dehiscence	Indicator definition: Number of abdominopelvic surgery patients with disruption of abdominal wall per 1000 eligible admissions (population at risk).	hospital	pediatric	AHRQ	outcome	administrative		QI, A

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Patient Safety	Transfusion reaction	Number of patients with transfusion reaction per 1,000 eligible admissions (population at risk).	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Selected Infections Due to Medical Care	Number of patients with specific infection codes per 1,000 eligible admissions (population at risk).	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Asthma admission rate	Number of patients admitted for asthma per 100,000 population.	hospital	pediatric	AHRQ	outcome	administrative		QI,A
Patient Safety	Diabetes short term complication admission rate	Number of patients admitted for diabetes short-term complications (ketoacidosis, hyperosmolarity, coma) per 100,000 population.	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Gastroenteritis admission rate	Number of patients admitted for gastroenteritis per 100,000 population.	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Perforated appendix admission rate	Number of patients admitted for perforated appendix per 100 admissions for appendicitis within an area.	hospital	pediatric	AHRQ	outcome	administrative		QI, A
Patient Safety	Urinary tract infection admission rate	Number of patients admitted for urinary tract infection per 100,000 population.	hospital	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	Pediatric Heart Surgery Mortality	Number of in-hospital deaths in patients undergoing surgery for congenital heart disease per 100 patients	hospital	pediatric	AHRQ	outcome	administrative		QI,A
Patient Safety	PSI - 1 Complications of Anesthesia	% of cases of anesthetic overdose, reaction, or endotrachial tube misplacement	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 2 Death in Low-Mortality diagnosis-related groups (DRGs)	% of in-hospital deaths in DRGs with less than 0.5% mortality.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 3 Decubitus Ulcer	% of cases of decubitus ulcer discharges with a length of stay of 5 or more days.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 4 - Failure to rescue	% of deaths for patients having developed specified complications of care during hospitalization.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 5 Foreign Body Left during procedure	% of discharges with foreign body accidentally left in during procedure	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 6 Iatrogenic pneumothorax	% of cases of iatrogenic pneumothorax	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 7 Selected infections due to medical care	% of cases of secondary ICD-9-CM codes 9993 or 00662	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 8 Postoperative hip fracture	% of cases of in-hospital hip fracture	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A

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Patient Safety	PSI - 9 Postoperative hemorrhage or hematoma	% of cases of hematoma or hemorrhage requiring a procedure	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 10 Postoperative physiological and metabolic derangements	Cases of specified physiological or metabolic derangement in elective surgical discharges.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 11 Postoperative respiratory failure	Cases of acute respiratory failure per 1,000 elective surgical discharges.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Cases of deep vein thrombosis or pulmonary embolism per 1,000 surgical discharges.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 13 Postoperative Sepsis	Cases of sepsis per 1,000 elective surgery patients, with length of stay more than 3 days.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 14 Postoperative wound dehiscense	Cases of reclosure of postoperative disruption of abdominal wall per 1,000 cases of abdominopelvic surgery.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 15 Accidental Puncture or laceration	Cases of technical difficulty (e.g., accidental cut or laceration during procedure) per 1,000 discharges.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 16 Transfusion reaction	Cases of transfusion reaction per 1,000 discharges.	hospital	adult	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 17 Birth Trauma - injury to neonate	Cases of birth trauma, injury to neonate, per 1,000 liveborn births.	hospital	pediatric	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 18 Obstetric Trauma - vaginal delivery with instrument	Cases of obstetric trauma (4th degree lacerations, other obstetric lacerations) per 1,000 instrument-assisted vaginal deliveries.	hospital	women	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 19 Obstetric Trauma - vaginal delivery without instrument	Cases of obstetric trauma (4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries without instrument assistance.	hospital	women	AHRQ	outcome	administrative	Pending	QI, A

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Patient Safety	PSI - 20 Obstetric Trauma-cesarean section	Cases of obstetric trauma (4th degree lacerations, other obstetric lacerations) per 1,000 Cesarean deliveries.	hospital	women	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 27 Obstetric Trauma 3rd Degree - Vaginal with instrument	Cases of obstetric trauma (3rd and 4th degree lacerations, other obstetric lacerations) per 1,000 instrument-assisted vaginal deliveries.	hospital	women	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 28 Obstetric Trauma with 3rd Degree —Vaginal Delivery without Instrument	Cases of obstetric trauma (3rd and 4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries without instrument assistance.	hospital	women	AHRQ	outcome	administrative	Pending	QI, A
Patient Safety	PSI - 29 Obstetric Trauma with 3rd Degree — Cesarean Delivery	Cases of obstetric trauma (3rd and 4th degree lacerations, other obstetric lacerations) per 1,000 Cesarean deliveries	hospital	women	AHRQ	outcome	administrative	Pending	QI, A
Pediatric	Pediatric Seizure Readmission Rate	Rate of readmission for seizure less than 30 days after discharge	hospital	pediatric	NACHRI; JCAHO	outcome	medical record		QI,A
PICU Care	PICU Standardized Mortality Ratio	% of patients under the age of 18 years who died in the PICU and were admitted to the ICU for greater than 2 hours and had at least 2 consecutive sets of vitals signs consistent with life	hospital	pediatric	NACHRI	outcome	medical record		A
PICU Care	PICU Severity-adjusted LOS	Number of PICU days between PICU admission and PICU discharge	hospital	pediatric	NACHRI	outcome	chart review, administrative		A
PICU Care	PICU Unplanned Readmission Rate	% of patients requiring unscheduled readmission to the ICU within 24 hours of discharge or transfer	hospital	pediatric	NACHRI	outcome	chart review, administrative		A
PICU Care	PICU Pain Assessment on Admission	% of patients who were assessed for on admission to the PICU	hospital	pediatric	NACHRI	outcome	chart review		A
PICU Care	PICU Periodic Pain Assessment		hospital	pediatric	NACHRI		Survey		A
Pneumonia	NSC-8 Ventilator Associated Pneumonia	Ventilator Associated Pneumonia rate for Intensive Care Unit (ICU) Location and birth weight category - Burn, Coronary, Medical, Medical/Surgical, Neurosurgical, Respiratory, Cardiothoracic, Surgical, Trauma, Pediatric and Neonatal ICU	hospital	all	JCAHO	outcome	medical record	Y	QI,A
Pneumonia	ICU - 1 - Ventilator-Associated Pneumonia Prevention	Number of ventilator days where the patient's head of bed (HOB) is elevated (two times per day) ≥ 30 degrees	hospital	adult	JCAHO	process	administrative		QI,A
Pneumonia Care	PNE-1 Antibiotic	% of pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital	hospital	adult	JCAHO, CMS	Process	administrative	Y	QI/A

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Pneumonia Care	PNE-2 Appropriate initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	hospital	adult	JCAHO, CMS	Process	administrative	Y	QI/A
Pneumonia Care	PNE-3 Blood culture	% of pneumonia patients whose initial hospital blood culture specimen was collected prior to first hospital dose of antibiotic	hospital	adult	JCAHO, CMS	Process	administrative	Y	QI/A
Pneumonia Care	PNE-4 Influenza vaccination	% of pneumonia patients age 50 years and older, hospitalized during October, November, December, January, or February who were screened for or were vaccinated prior to discharge, if indicated	hospital	adult	JCAHO, CMS	Process	administrative	Y	QI/A
Pneumonia Care	PNE-5 Pneumococcal vaccination status	% of pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated	hospital	adult	JCAHO, CMS	Process	administrative	Y	QI/A
Pneumonia Care	PNE-6 Adult smoking cessation advice/ counseling	% of pneumonia patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.	hospital	adult	JCAHO, CMS	Process	administrative	Y	QI/A
Pneumonia Care	PNE-7 Oxygenation assessment	% of pneumonia patients whose arterial oxygenation was assessed by arterial blood gas (ABG) or pulse oximetry within 24 hours prior to or after hospital arrival	hospital	adult	JCAHO, CMS	Process	administrative	Y	QI/A
Prenatal Care	Prenatal Flow	% of patients with a flow sheet in use by the date of the first physician visit, which contains at a minimum: blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery	ambulatory	women	AMA, PCPI	process	medical record		QI
Prenatal Care	Blood Groups (ABO), D(Rh) Type, and Antibody Testing	% of patients who had a determination of blood group (ABO) and D (Rh) type by the second prenatal care visit	ambulatory	women	AMA, PCPI	process	medical record		QI
Prenatal Care	Blood Groups (ABO), D(Rh) Type, and Antibody Testing	% of patients who received antibody screening during the first or second prenatal care visit	ambulatory	women	AMA, PCPI	process	medical record		QI

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Prenatal Care	Anti-D Immune Globulin	% of D (Rh) negative, unsensitized patients who received anti-D immune globulin at 26-30 weeks gestation	ambulatory	women	AMA, PCPI	process	medical record	Y	QI
Prenatal Care	Screening for Congenital Anomalies	% of patients less than 35 years of age at the time of expected delivery who were offered testing for congenital anomalies	ambulatory	women	AMA, PCPI	process	medical record		QI
Prenatal Care	Screening for gestational diabetes	% of patients who had glucose challenge test or oral glucose tolerance test performed	ambulatory	women	AMA, PCPI	process	medical record		QI
Prenatal Care	Cervical Cytology	% of patients who had a cervical cytology smear performed during the preceding year or by the second prenatal care visit	ambulatory	women	AMA, PCPI	process	medical record		QI
Prenatal Care	Screening for Human Immunodeficiency Virus	% of patients who were screened for HIV infection during the first or second prenatal care visit	ambulatory	women	AMA, PCPI	process	medical record	Y	QI
Prenatal Care	Screening for Asymptomatic Bacteriuria	% of patients who were at least one test to screen for asymptomatic bacteriuria	ambulatory	women	AMA, PCPI	process			QI
Prenatal Care	PR-1 VBAC	% of prenatal patient evaluation, management, and treatment selection concerning vaginal deliveries in patients who have a history of previous cesarean section	hospital	women	JCAHO	outcome	administrative	Y	QI,A
Prenatal Care	PR-2 Inpatient Neonatal Mortality	% of live-born neonates who expire before the neonate becomes age 28 days	hospital	women	JCAHO	outcome	administrative	Y	A
Prenatal Care	PR-3 Third and Fourth degree laceration	% of patients who have vaginal deliveries with third or fourth degree perineal	hospital	women	JCAHO	outcome	administrative	Y	A
Prevention	Overall Health Status of Children	Health Status Survey	ambulatory	pediatric	CAHMI	outcome	Survey		QI,A
Prevention	Mammography	% of women who have been screened within the performance period or previous year (women ages 52 -69)	ambulatory	adult	NCQA	process	administrative		QI,A
Prevention	Cervical Cancer Screening	% of women who have been screened within the previous 24 months	ambulatory	adult	NCQA	process	administrative		A
Prevention	Chlamydia Screening in Women	% of women who were identified as sexually active who had at least one test for Chlamydia during the measurement year	ambulatory	adult	NCQA	process	administrative		A

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Category	Measure	Description	Measure Setting	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Preventive	Breast Cancer Screening	% of women (age 42 - 69) who had a mammogram during the measurement year or year prior to the measurement year	Ambulatory	women	AQA, NCQA	process	administrative		A
Preventive	Colorectal Cancer Screening	% of patients who had appropriate screening for colorectal cancer	Ambulatory	adult	AQA, NCQA	process	administrative		A
Preventive	Cervical Cancer Screening	% of women (age ≥ 18) who received one or more Pap tests during the measurement year or the two years prior to the measurement year.	Ambulatory	women	AQA, NCQA	process	administrative		A
Preventive	Tobacco Use	% of patients who were queried about tobacco use one or more times during the measurement year	Ambulatory	adult	AQA, NCQA	process	administrative		A
Preventive	Smoking Cessation	% of patients who received advise to quit smoking	Ambulatory	adult	NCQA	process	administrative		A
Preventive	Discussion of Smoking Cessation Medication	% of patients whose practitioner recommended or discussed smoking cessation medications	Ambulatory	adult	NCQA	process	administrative		A
Preventive	Influenza Vaccination	% of patients who received an influenza vaccine	Ambulatory	adult	CMS, NCQA, AQA	process	administrative	Pending	A
Preventive	Pneumonia Vaccination	% of patients who ever received a pneumococcal vaccine; (age ≥ 65 years)	Ambulatory	adult	NCQA, CMS	process	administrative	Y	A
Preventive	Childhood Immunization	% of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday	ambulatory	pediatric	NCQA	process	administrative		A
Preventive	Well Child Visits	% of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	ambulatory	pediatric	NCQA	process	administrative		A
Preventive	Well Child Visits in 3rd, 4th, 5th and 6th Year	% of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year	ambulatory	pediatric	NCQA	process	administrative		A

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Preventive	Adolescent Well Care Visit	% of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	ambulatory	pediatric	NCQA	process	administrative		A
Preventive	Adolescent Immunization	% of patients who turned 13 years old during the measurement year who had a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday	ambulatory	pediatric	NCQA	process	administrative		A
Respiratory	*Patient with Peak Expiratory Flow (PEF) or Other Measurement of Pulmonary Function*	*developmental*	*Emergency*	adult	CMS	process	abstraction		QI
Respiratory	*ED patients with ST Elevation AMI (STEMI) or Left Bundle Branch Block (LBBB) who are eligible for thromobolysis and receive it within 30 minutes of arrival to the ED.*	*developmental*	*Emergency*	adult	CMS	process	abstraction		QI
Respiratory	Children's Asthma Care - 1	Unplanned readmission (Emergency Department, Observation Status or Inpatient Admission) for asthma within 7 days following discharge from the hospital for asthma - same diagnosis	hospital	pediatric	JCAHO	outcome	abstraction		A
Respiratory	Children's Asthma Care - 1a	Unplanned readmission (Emergency Department, Observation Status or Inpatient Admission) for asthma within 30 days following discharge from the hospital for asthma - same diagnosis	hospital	pediatric	JCAHO	outcome	abstraction		A
Respiratory	Children's Asthma Care - 2	Return to hospital (ED, Observation Status or Inpatient Admission) with same asthma diagnosis within 7 days following Emergency Room visit or Observation stay	hospital	pediatric	JCAHO	outcome	abstraction		A
Respiratory	Children's Asthma Care - 2a	Return to hospital (Emergency Department, Observation Status or Inpatient Admission) with same asthma diagnosis within 30 days following Emergency Room visit or Observation stay	hospital	pediatric	JCAHO	outcome	abstraction		QI,A

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Respiratory	Return to ED within 48 hours following inpatient discharge for asthma	Return to the Emergency Department within 48 hours following discharge - same diagnosis	hospital	pediatric	JCAHO	outcome	abstraction		QI,A
Respiratory	Children's Asthma Care - 3	Use of relievers for inpatient asthma by AAP Age Groups	hospital	pediatric	JCAHO	process	administrative	Y	QI,A
Respiratory	Children's Asthma Care - 4	Use of systemic corticosteroids for Inpatient Asthma by AAP Groups	hospital	pediatric	JCAHO	process	administrative	Y	QI,A
Respiratory	Children's Asthma Care - 5	Risk adjusted length of stay for asthma patients	hospital	pediatric	JCAHO	outcome	administrative		QI,A
Respiratory	Children's Asthma Care - 6	Home Management Plan of Care discussed with patient/family	hospital	pediatric	JCAHO	outcome	administrative		QI,A
Respiratory	Respiratory readmission Rate	Rate of readmission for low acuity respiratory ailments less than 15 days after discharge	hospital	pediatric	NACHRI; JCAHO	outcome	administrative		A
Respiratory	Respiratory readmission Rate	Rate of readmission for high acuity respiratory ailments less than 15 days after discharge	hospital	pediatric	NACHRI; JCAHO	outcome	administrative		A
Respiratory	Appropriate Treatment for Children with Upper Respiratory Infection	% of patients who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or 3 days after the episode date	ambulatory	pediatric	NCQA	process	administrative	Y	A
Respiratory	Appropriate Testing for Children with Pharyngitis	% of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode	ambulatory	pediatric	NCQA	process	administrative	Y	A
Respiratory	Low Acuity Bronchiolitis Readmission Rate	Rate of readmission for bronchiolitis less than 15 days after discharge	hospital	pediatric	NACHRI; JCAHO	outcome	medical record		QI,A
Satisfaction	Hospital CAHPS	Patient Experience of Care Survey covers 7 areas of hospital care through 22 questions addressing: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the environment, and discharge information	Hospital	adults	AHRQ	outcome	Survey	Y	A
Satisfaction	CAHPS 3.0H Adult Survey	Health Plan Survey covering domains of timely access, getting needed care, provider communication, health plan paperwork and health plan customer service	Health Plan	adults	AHRQ	outcome	Survey		QI,A

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Satisfaction	ECHO 3.0H Survey for MBHOs	Survey assessing the experience of enrollees with behavioral health care, including mental health and chemical dependency services	Health Plan - MBHO	adults		outcome	Survey		A
Satisfaction	CAHPS 3.0H Child Survey	Survey to assess the quality of care received by children in health plans. Medicaid FFS version and Medicaid Managed Care version asks parents about their experience with their child's care. Addresses: Getting needed care for a child; Getting care quickly for a child; How well the child's doctors communicate Courtesy, respect, and helpfulness of office staff; Health plan customer service, information, and paperwork	ambulatory	pediatric	AHRQ	outcome	Survey		A
Satisfaction	CAHPS - Clinician and Group Survey	Patient Experience of Care survey of the quality of care in primary care physician and medical group offices addressing: Access to care; Coordination of care; Doctor's communication and thoroughness; Shared decision making; Health promotion and education;Followup on test results; Medical office staff; Patient concerns about cost of care; and Global rating of doctor.	ambulatory	adult	AHRQ	outcome	Survey		A
Satisfaction	Children with Chronic Conditions		ambulatory	pediatric	NCQA	outcome	Survey		QI,A
Sickle Cell Anemia	Sickle Cell Anemia Readmission Rate	Rate of readmission for sickle cell less than 30 days after initial discharge home	hospital	pediatric	NACHRI; JCAHO	outcome	medical record		QI,A
Surgical Infection Prevention	SIP/SCIP Inf-1 Prophylactic antibiotic received within 1 hour prior to surgical incision	% of surgical patients who received prophylactic antibiotics within one hour prior to surgical incision	hospital	adult	CMS (Medquic)	Process	abstraction	Y	QI/A
Surgical Infection Prevention	SIP/SCIP Inf-2 Prophylactic antibiotics consistent with current recommendations	% of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.	hospital	adult	CMS (Medquic)	Process	chart review	Y	QI/A
Surgical Infection Prevention	SIP/SCIP Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time	% of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time	hospital	adult	CMS (Medquic)	Process	chart review	Y	QI/A

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Surgical Infection Prevention	SCIP Inf-4 Cardiac surgery patients with controlled perioperative serum glucose	% of cardiac surgery patients with 6 am controlled perioperative serum glucose	hospital	adult	CMS (Medquic)		chart review		QI/A
Surgical Infection Prevention	SCIP Inf-5 Post-operative wound infections diagnosed during index hospitalization	% of patients with post-operative wound infections diagnosed during index hospitalization	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A
Surgical Infection Prevention	SCIP Infection 6	% of surgical patients with appropriate hair removal	hospital	adult	CMS (Medquic)	process	chart review		QI/A
Surgical Infection Prevention	SCIP Inf-7 Colorectal surgical patients with immediate postoperative Normothermia	% of colorectal surgical patients with immediate postoperative Normothermia	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A
Surgical Infection Prevention	SCIP Card-1 Non-cardiac surgery patients with CAD prescribed beta blockers in postoperative period	% of Non-cardiac surgery patients with CAD prescribed beta blockers in postoperative period	hospital	adult	CMS (Medquic)	process	chart review		QI/A
Surgical Infection Prevention	SCIP Card-2 Surgical patients already on beta blockers	% of surgical patients already on beta blockers prescribed beta blockers in	hospital	adult	CMS (Medquic)	process	chart review		QI/A
Surgical Infection Prevention	SCIP VTE-1	% of patients who received the recommended thromboembolism prophylaxis	hospital	adult	CMS (Medquic)	process	chart review		QI/A
Surgical Infection Prevention	SCIP VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours after Surgery	hospital	adult	CMS (Medquic)	process	chart review		QI/A
Surgical Infection Prevention	SCIP VTE-3	Intra or post-operative pulmonary embolism (PE) diagnosed during index hospitalization and within 30 days of surgery	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A
Surgical Infection Prevention	SCIP VTE-4	Intra or post-operative deep venous thrombosis (DVT) diagnosed during Index hospitalization and within 30 days of surgery	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A
Surgical Infection Prevention	SCIP Resp-1	Number of Days Ventilated Surgery Patients Had Documentation of the Head of the Bed (HOB) Being Elevated From	hospital	adult	CMS (Medquic)	process	chart review		QI/A

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Surgical Infection Prevention	SCIP Resp-2	Patients diagnosed with post-operative ventilator-associated pneumonia (VAP) during index hospitalization	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A
Surgical Infection Prevention	SCIP Resp-3	Number of days ventilated surgery patients had documentation of stress ulcer disease (SUD) prophylaxis from recovery end date (day zero) through postoperative day seven	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A
Surgical Infection Prevention	SCIP Resp-4 Ventilator weaning program	Surgery patients whose medical record contained an order for a ventilator weaning program (protocol or clinical pathway)	hospital	adult	CMS (Medquic)	process	chart review		QI/A
Surgical Infection Prevention	SCIP Global-1	Mortality within 30 days of surgery	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A
Surgical Infection Prevention	SCIP Global-2	Readmission within 30 days of surgery	hospital	adult	CMS (Medquic)	outcome	chart review		QI/A